

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/403329

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						61						
2		1					62						
3		2					63						
4		①					64						
5		①					65						
6		①					66						
7		①					67						
8	1						68						
9		1					69						
10		2					70						
11		①					71						
12		①					72						
13		①					73						
14		①					74						
15							75						
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39							99						
40							100						
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.		4					TOTAL DEP.						
TOTAL CLAIMS	1	4					TOTAL CLAIMS						

BEST AVAILABLE COPY